FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006453 (4)**

1. Corporation Name

CANDY HEADQUARTERS, INC.

Principal Place of Business	Mailing Address
40-24TH STREET, SUITE 502 PITTSBURGH PA 15222	40-24TH STREET, SUITE 502 PITTSBURGH PA 15222

3. Date Incorporated or Qualified: **12/19/1994**
3a. Date of Last Report: **06/20/1995**

4. FEI Number: **25-1699903** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1830 Forbes Avenue	26 1830 Forbes Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Pittsburgh, PA	28 Pittsburgh, PA
24 Zip 15219-5836 25 Country USA	29 Zip 15219-5836 30 Country USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PC	☐ DELETE
NAME	LANDO, MARK R	
STREET ADDRESS	40-24TH STREET, SUITE 502	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	VST	☐ DELETE
NAME	LANDO, ROBERT N	
STREET ADDRESS	40-24TH STREET, SUITE 502	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	VC	☐ DELETE
NAME	LANDO, ROBERT N	
STREET ADDRESS	40-24TH STREET, SUITE 502	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	D	☐ DELETE
NAME	SILVERSTEIN, RICHARD	
STREET ADDRESS	10752 NORTH 89TH PLACE, SUITE 232	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	D	☐ DELETE
NAME	SHANNON, JUANITA	
STREET ADDRESS	10752 NORTH 89TH PLACE, SUITE 232	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	D	☐ DELETE
NAME	PREVIS, JOHN R	
STREET ADDRESS	600 GRANT STREET, 5700 USX TOWER	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☒ Change ☐ Addition
12 NAME	1830 Forbes Avenue	
13 STREET ADDRESS	Pittsburgh, PA 15219-5836	
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	1830 Forbes Avenue	
24 CITY-ST-ZIP	Pittsburgh, PA 15219-5836	
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	1830 Forbes Avenue	
34 CITY-ST-ZIP	Pittsburgh, PA 15219-5836	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	c/o Buchanan Ingersoll, 20th floor, 301 Grant St.	
64 CITY-ST-ZIP	Pittsburgh, PA 15219-1410	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: Mark R. Lando 412-434-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #